

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|  |                    |   |   |   |   |
|--|--------------------|---|---|---|---|
| <b>NAME OF FILER</b><br>Working Families for Vargas Senate 2010, sponsored by nurses, school & university employees, healthcare workers, & AFSCME International, with major funding by - see attach memo for complete name |                    |   | <b>Date of This Filing</b> <u>05/13/2010</u><br><br><b>Report No.</b> <u>051310-1</u><br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> <u>2</u> | <b>Date Stamp</b><br><br><br><br><br><br><br><b>Page 1 of 2</b> | <b>CALIFORNIA FORM 496</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)285-5733   |                    | <b>I.D. NUMBER (if applicable)</b><br>1327281 |   |   |   |
| <b>STREET ADDRESS</b>  |                    |   |   |   |   |
| <b>CITY</b><br>Sacramento  | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>95814                      |   |   |   |

## 1. List Only One Candidate or Ballot Measure

|  |                |                    |  |                     |                |               |
|--|----------------|--------------------|--|---------------------|----------------|---------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>Mary Salas            |                |                    | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |                |               |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b><br>State Senator District 40 | <b>SUPPORT</b> | <b>OPPOSE</b><br>X | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b> | <b>OPPOSE</b> |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE | AMOUNT      |
|------------|----------------------------|-------------|
| 05/12/2010 | TV/Cable Buy               | \$96,000.00 |
|            |                            |             |
|            |                            |             |
|            |                            |             |
|            |                            |             |
|            |                            |             |
|            |                            |             |

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**



NAME OF FILER

Working Families for Vargas Senate 2010, sponsored by nurses, school & university employees, healthcare workers, & AFSCME International, with major funding by - see attach memo

I.D. NUMBER (If applicable)  
1327281

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)   | CONTRIBUTOR CODE**  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                     |
|---------------|---|---|---|-----------------|--|
| 5/10/2010     | American Federation of State, County & Municipal Employees, AFL-CIO<br>Washington, DC 20036<br><br>ID: 745604                             | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$100,000.00    | If loan,<br>enter interest rate, if any<br>_____ % |
| 5/13/2010     | American Federation of State, County and Municipal Employees Local<br>3299 PAC<br>Sacramento, CA 95814<br><br>ID: 1312649                 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$10,000.00     | If loan,<br>enter interest rate, if any<br>_____ % |
| 5/13/2010     | United Nurses Associations of California/Union of Health Care<br>Professionals PAC (UNAC/UHCP)<br>Sacramento, CA 95814<br><br>ID: 1295768 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$25,000.00     | If loan,<br>enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____ % |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 | If loan,<br>enter interest rate, if any<br>_____ % |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

### \*\*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772